

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OCEAN CHAMPIONS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF LOIS CAPPs

Mailing Address PO Box 23940

City
Santa BarbaraState
CAZip Code
93121Purpose of Disbursement
ContributionCandidate Name
LOIS G CAPPsCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: SB23.4129

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	2	/	2	0	0	9

Amount of Each Disbursement this Period

1500.00									
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B.

Full Name (Last, First, Middle Initial)

KEEP NICK RAHALL IN CONGRESS COMMITTEE

Mailing Address P O Box 64

City
BeckleyState
WVZip Code
25802Purpose of Disbursement
ContributionCandidate Name
NICK JOE II RAHALLCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District: 03

Transaction ID: SB23.4133

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	0	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00									
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C.

Full Name (Last, First, Middle Initial)

LEAHY FOR U.S. SENATOR COMMITTEE

Mailing Address PO BOX 1042

City
MONTPELIERState
VTZip Code
05601Purpose of Disbursement
ContributionCandidate Name
PATRICK LEAHYCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: VT District: 00

Transaction ID: SB23.4141

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	0	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00									
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SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)